

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

2009-79-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: Dino CarugnoTelephone: 843-503-1001Address: 3704 Chapel laneFax: 843-651-7056myrtle Beach SC 29588Other: 843-742-5141Email: dinoCarugno@yahoo

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

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FEB 18 2009

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FEB 17 2009

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

400

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 2.9., 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

SCM Transportation LLC

2. (a) Street Address of Applicant

3536-B US Hwy Boss 17
murrells Inlet SC 29576

- (b) Mailing address, if different from street address

3704 chapel
lane myrtle beach SC 29588

- (c) Telephone Number 843-503-1001 Fed ID:

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: _____ Year: _____

Assets:		
Cash	10,250	
Receivables	-	
Real Estate	300,000	
Buildings and Equipment-Net	-	
Motor Vehicles-Net	3500	
Garage Equipment-Net	-	
Machinery and Tools-Net	-	
Supplies on Hand	-	
Prepays and Other Assets	-	
Total Assets	313.750	
Liabilities and Equity:		
Accounts Payable		
Notes Payable		
Mortgages Payable	275,000	
Equipment Obligations		
Accrued Salaries and Wages		
Other Accrued Obligations		
Other Liabilities		
Total Liabilities		
Capital Stock		
Retained Earnings		
Total Equity	38.750	
Total Liabilities and Equity	313.750	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Dino M. Caugno, OWNER
(Name of Applicant's Representative) (Title)

of Dino M. Caugno / SCM Transportation the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At 3348 Hwy 17S Murrells Inlet, SC 29576 BB&T Bank

This the 9th day of February 2009

[Signature]
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires: My Commission Expires March 21, 2017

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant SCM Transportation LLC

For the transportation of passengers as follows:

Area to be served: STATE OF South CarolinaNumber of passengers: 7 PASSFares: \$ 5.00 per mileDate 2.9.09JIM CARROLL SCM TRANSPORTATION LLCJim Carroll

By

(Revised)

DWYER

Title

Rev.10/03

RECEIVED

FEB 17 2009

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant SCM Transportation LLC

For the transportation of passengers as follows:

Area to be served: State of South CarolinaNumber of passengers: 7 pass

Fares : _____

Date

2.9.09

By

DINO CARJONO SCM Transportation LLC

Title

OWNER

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Scm Transportation LLC
(Applicant)

Date: _____


Dino Calogno
(Applicant's Representative)

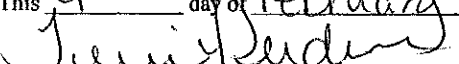
over
(Title)

EXHIBIT FWA

Name: SCM Transportation LLC
Address: 3536 B us Hwy Bors 17 murrells Inlet SC 29576
Telephone No. 843.503.1001 **Fax No.** 843.651.7056
U.S.D.O.T. No. _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
Yes _____ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
Yes _____ No X
3. Are there currently any outstanding judgment (s) against Applicant?
Yes _____ No X
(If "yes", indicate nature of judgment(s).
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
Yes X No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
Yes X No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me
At 3348 Hwy 17 S. Murrells Inlet, SC 29576 BB&T Bank
This 9th day of February, 2009

(Notary Public)
Commission Expires: My Commission Expires March 21, 2017

Commercial Insurance Services, LLC
2120 Jody Road Suite C
Florence, SC 29501
Ph: 843-664-0036/Fax: 843-664-0831
EMAIL-JERRY@COMMERCIAL-INS.COM

INSURED'S NAME SC m Transportation LLC

SSN#/FEIN# _____ YEARS IN BUSINESS _____

EXPERIENCE YEARS _____

ADDRESS 3536 ^{us Hwy} Boss 17 morrells Inlet
SC 29576

#1-VEHICLE

VIN# 2FMZA50422BB43114 17 DIGITS

MAKE Ford MODEL Windstar YEAR 2002

#2-VEHICLE

VIN# _____ 17 DIGITS

MAKE _____ MODEL _____ YEAR _____

#3-VEHICLE

VIN# _____ 17 DIGITS

MAKE _____ MODEL _____ YEAR _____

#4-VEHICLE

VIN# _____ 17 DIGITS

MAKE _____ MODEL _____ YEAR _____

INSURANCE QUOTE

The following insurance quote is for:

SCM Transportation, LLC
(Name of Motor Carrier)

3536 Hwy 17 Bus Murrells Inlet, SC 29576
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 4032.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers - 25,000/50,000/25,000
8 - 15 passengers - 25,000/100,000/25,000

Southern United
(Insurance Company Name)

1245 Celebration Blvd Florence, SC 29501
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2-09-2009
Date

[Signature]
(Authorized Insurance Company Representative)

Rev 5/07

843-451-7052

#5-VEHICLE

VIN# _____ 17 DIGITS

MAKE _____ MODEL _____ YEAR _____

DRIVER NAME SCDL# EXPERIENCE

1. Dino m Carugno _____

2. John J Summers Jr _____

3. _____

4. _____

5. _____

6. _____

7. _____

COMPREHENSIVE & COLLISION _____ YES OR NO _____

DEDUCTIBLE _____

DISPATCH

SERVICE: _____ PFC# _____

RADIUS _____

*MAKE SURE LOSS RUNS ARE SEND FOR PAST 3 YEARS

Secretary of State

P.O. Box 11350

Columbia, SC

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE
01/21/09

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

JAN 20 2009

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is SCM TRANSPORTATION LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is
3536 B ROUTE 17 BUSINESS

Street Address

MURRELLS INLET, SC

City

29576

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

DINO MARCELLO CARUGNO

Name

Signature [Signature]

and the street address in South Carolina for this initial agent for service of process is

3704 CHAPEL LANE

Street Address

MYRTLE BEACH, SC 29588

City

Zip Code

4. The name and address of each organizer is

(a) DINO MARCELLO CARUGNO

Name

3704 CHAPEL LANE

Street Address

City

MYRTLE BEACH, SC 29588

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

090121-0191

SCM TRANSPORTATION, LLC

FILED: 01/20/2009

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a)

Name

Street Address

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(c)

Name

Street Address

City

State

Zip Code

(d)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer



Date 1.14.09

(Add Additional lines if necessary)

FILING INSTRUCTIONS

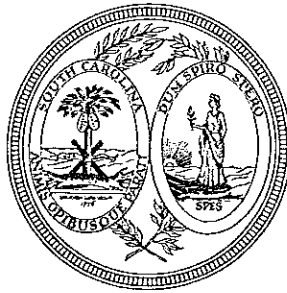
1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SCM TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 20th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
21st day of January, 2009.

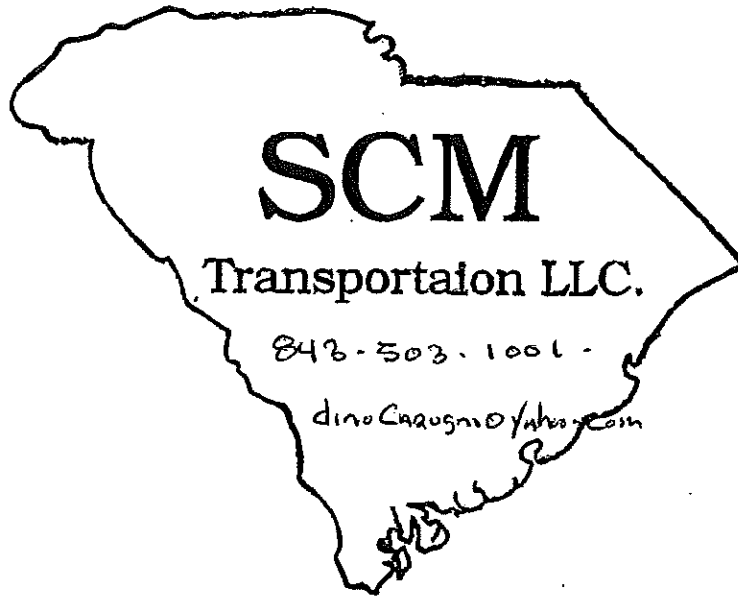
Mark Hammond

Mark Hammond, Secretary of State

Feb. 13. 2009 11:14AM

No. 4330 P. 1

Att
Tricia Desanty



Hello Tria I'm going to be Transporting
For logistic Carter, So I put down Rate for SC -
is there anything else I need Please Email,

Thanya
du E

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FEB 17 2009

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